



## DEALERSHIP APPLICATION

### I. BACKGROUND

Date: \_\_\_\_\_

Business name: \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_

Business address \_\_\_\_\_

Own or Lease? \_\_\_\_\_ If lease, name of leasing agent \_\_\_\_\_

Phone number of leasing agent \_\_\_\_\_

E.I.N. # \_\_\_\_\_

Current Business type: \_\_\_\_\_ Date established: \_\_\_\_\_

Type of company: \_\_\_ Corporation \_\_\_ Partnership \_\_\_ Sole proprietorship

Business Principals:

\_\_\_\_\_  
(Name) (Title) (Soc. Sec. #)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name) (Title) (Soc. Sec. #)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Name) (Title) (Soc. Sec. #)

\_\_\_\_\_  
(Address)

Number of Employees? \_\_\_\_\_

**II. CREDIT**

**TRADE REFERENCES (Name and phone number of 3 suppliers of products regularly purchased)**

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**LOAN INFORMATION**

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<b>(Lender)</b>	<b>(Phone #)</b>	<b>(Address)</b>
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<b>(Contact)</b>	<b>(Type of loan)</b>	<b>(Balance)</b>
Bank of Deposit _____		Account # _____
Bank of Deposit _____		Account # _____

**By signing below I /we hereby certify that all information on this application is true and complete. I/we authorize you to investigate my/our credit record (both business and personal) and check the information I/we have prepared.**

**III. COMPLIANCE**

**In connection with our application and as an inducement for you to approve this application, the undersigned hereby answers the following questions.**

**1. Is your company or any of it's officers currently a defendant in any legal action?**

\_\_\_\_\_ (yes or no) **If yes 2. Is your company or any of it's officers or stockholders (owners) presently under indictment or ever been convicted of a felony? (yes or no)** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

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**3. Is your company or any of it's officers or stockholders (owners) presently charged with or ever been convicted of any law relating to the business? (felony or misdemeanor)**

\_\_\_\_\_ (yes or no) **If yes, please explain:** \_\_\_\_\_

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**4. Is your Company under investigation or has it in the last five years been investigated by any federal, state, or local governmental body for possible violation of law in conduct with this or any other company? (yes or no) \_\_\_\_\_ If yes, please explain:**

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**5. Has your contractor's license been revoked or suspended within the last five years? (yes or no) \_\_\_\_\_ If yes, please explain:**

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**6. Has your company ever been charged with an unfair or deceptive practice by the U.S. Federal Trade Commission or is there presently any investigation of your business activities by that or any other agency? (yes or no) \_\_\_\_\_ If yes, please explain:** \_\_\_\_\_

#### **IV. INSURANCE**

**Insurance Company** \_\_\_\_\_ **Agent** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Amount of liability coverage:** \_\_\_\_\_ **Company** \_\_\_\_\_

**Worker's compensation Carrier** \_\_\_\_\_

**(GUTTERSHTTER dealers are required to carry one million dollars coverage min.)**

#### **V. FINANCIAL**

**Do you utilize a Certified public Accountant? (yes or no) Please list name and phone number of CPA:** \_\_\_\_\_

**If no, who prepares financial statements/tax returns? (Name and Number)** \_\_\_\_\_

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**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

# Fax

To: **ATTN: Claire Degenhardt** From: [\[Click here and type name\]](#)

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Fax: **513-671-3575** Date:

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Phone: Pages:

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Re: **Dealer Application Package** CC:

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Urgent     For Review     Please Comment     Please Reply     Please Recycle

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•Comments: